



## **MOOD DISORDERS ASSOCIATION OF MANITOBA INC.**

PROVINCIAL OFFICE: 100-4 FORT STREET WINNIPEG MANITOBA R3C 1C4  
PHONE: (204) 786-0987 TOLL FREE (OUTSIDE OF WINNIPEG) 1 (800) 263-1460 FAX: (204) 775-3497  
WEB: depression.mb.ca E-MAIL: sdmdm@depression.mb.ca

### **CYCLOTHYMIA**

Source: MediSource

#### **Facts**

**Cyclothymic disorder is a type of mood disorder, where people experience numerous periods of mood ‘highs’ and ‘lows’ that are unrelated to life circumstances.** The mood instability – mild elation or mild depression – is related to bipolar disorder (manic depression), and is in fact considered to be a milder form of bipolar disorder. Though less severe, cyclothymia can have great impact on a person’s life, with unexpected and extreme mood changes disrupting the ability to function normally.

Both men and women are equally likely to suffer from cyclothymia, affecting up to 1% of the population. Cyclothymic disorder generally starts appearing during young adulthood, though onset may also occur at a later age.

#### **Causes**

**The exact causes of cyclothymia aren’t known, but it’s often a result of the same genetic factors that cause bipolar disorder.** In fact, approximately one in three people with cyclothymia will eventually be diagnosed with bipolar disorder following a full-blown manic episode or major depression. There’s usually a family history of major depression, bipolar disorder, suicide, or alcohol/drug dependence.

#### **Symptoms and Complications**

**Radical changes in behaviour, alternating between highs and lows, are typical signs of cyclothymia.** Mood ‘highs’ are also known as hypomanic episodes. When these occur, a person experiences an elevated or irritable mood for at least four days, along with a particular excitability not normal for the person. A person’s behaviour is generally altered, and the change is noticeable to others.

Symptoms include:

- Increased energy and activity level
- A decreased need for sleep
- A tendency to be distracted or to rapidly jump from one idea to the next
- Being more talkative than usual
- Feelings of high self-esteem, possibly coupled with grand ideas or increased goal-oriented activities

When mood 'lows' hit, they resemble mild depression, but don't meet the criteria for major depression episodes. A person may experience lethargy, loss of interest in normal activities, feelings of low self-esteem, insomnia, and a diminished ability to concentrate. These periods will only last a short time – usually about two weeks – which isn't typical of major depression. Depressive episodes might not be disruptive to a person's ability to function but, on the other hand, the depression may cause people to experience difficulty pursuing normal social activities or accomplishing ordinary work tasks.

**The continual – and unpredictable – mood cycling often takes its toll on an individual's life, even though altered mood episodes aren't as extreme as with manic depression.** Mood changes make it difficult to sustain enthusiasm for new projects, or for work. Personal relationships tend to suffer from the 'warm-cool' ups and downs associated with hypomanic and depressive episodes, and from the abrupt personality changes that a cyclothymic individual will display. Sleep abnormalities take two forms: people can go for long periods without sleep in the over-energized hypomanic state, and during the 'lows', can't get out of bed. Over time, mood cycling can lead to repeated loss of employment and may become destructive to personal relationships.

### **Making the Diagnosis**

**Doctors consider that a diagnosis of cyclothymia can be made if there's a history of mood instability over a period of at least two years, and symptom-free intervals never last more than two months.** For children and adolescents, symptoms only need to be present over a one-year period.

Cyclothymia will otherwise be difficult to diagnose if a person's mood instability hasn't been recognized and tracked over at least a couple of years. Because mood may be normal and stable for long periods of time – and mood elevations or depressions can be quite mild – symptoms don't always attract medical attention. People may not look for help until symptoms and mood swings become severe enough to interrupt normal functioning and activities.

**If a person has experienced major depressive, manic, or mixed (simultaneous manic/depressive episodes, the diagnosis will likely be changed to bipolar I or II disorder.** A doctor will usually also need to rule out other conditions, such as schizophrenia, delusional disorder, or a psychotic disorder as being the cause of

symptoms. As well, it's also possible that the symptoms are caused by substance abuse, physiological effects of certain medications, or an unrelated medical condition.

## **Treatment and Prevention**

**Medical options for treating cyclothymia include the use of lithium, a mood stabilizer that's also used in the treatment of bipolar disorder.** Lithium can reduce the frequency of mood cycling, as well as control hypomanic symptoms. Low-dose valproate has also been shown to be a treatment option.

Mild to moderate depressive episodes may also sometimes be treated using St. John's wort. This is especially true in Europe, where alternative approaches are increasingly a part of mainstream medicine. Studies have shown that St. John's wort reduces feelings of depression, anxiety, apathy, and worthlessness. Its efficacy isn't well understood, though research has identified certain active components of the plant as possibly having an impact on depression. St. John's wort also reduces uptake of serotonin in the brain, which is similar to how some anti-depressant drugs function. Side effects of St. John's wort are considered to be milder than with certain anti-depressant drugs. Caution must be advised before people self-medicate to treat depression. Just because a remedy is available over-the-counter and is herbal, doesn't mean that it's safe. Adverse reactions to herbal remedies are increasingly reported to physicians. Before turning to St. John's wort for treating depressive episodes, it's vital to first discuss this option with a doctor.

**Psychotherapy is also very helpful for people affected by cyclothymic disorder.**

Therapy focuses on interpersonal relationships and self-image. Involving family and significant others in the treatment helps to deal with problems that arise as a result of mood cycling. It also ensures that there's a supportive network in place to help people cope with the condition.

**Because symptoms can be mild, it's possible that cyclothymia might never be diagnosed.** It's also possible that it doesn't necessarily require treatment. In fact, a degree of hypomania may be responsible for a person's success in life, be it business or leadership-drive or other achievements. However, for those who have a family history of bipolar disorder or are at risk for a depressive episode, the symptoms may hit them hard and have drastic consequences. In such cases, awareness of cyclothymic and bipolar disorders – coupled with medical monitoring – can help prepare someone for these episodes and ensure that they get prompt and effective treatment.

**“The Single Largest Barrier Is Ignorance.”**